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Country programme recommendation**

Uganda

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2000 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Uganda for the period 2001 to 2005 in the amount of $26,088,000 from regular resources, subject to the availability of funds, and $74,997,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2000/4

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

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The situation of children and women

1. The major features of the situation analysis of children and women in Uganda remain essentially as described in the country note presented to the Executive Board at its first regular session of 2000 (E/ICEF/2000/P/L.3).

Programme cooperation, 1995-2000

2. Programme cooperation has been closely associated with many of Uganda's most notable successes in child survival, development and protection. Approximately 51 per cent of Ugandans have access to health care services, compared to only 42 per cent in 1996; average life expectancy has risen from 41.8 years in 1991 to 50.4 years in 1999; following extensive campaigns and interventions, the HIV/AIDS pandemic seems to be waning; and infant mortality has fallen sharply from 121 per 1,000 live births in 1980 to 97 in 1995. The primary school enrolment ratio is around 98 per cent for both boys and girls; polio and guinea worm disease are close to eradication; and measles and diarrhoea have been brought largely under control.

3. UNICEF cooperation has contributed to Uganda's progress in developing and providing health care services for its population. With the formation and training of 1,223 parish development committees (PDCs) (community mobilizers) and health care unit management committees, the participation of communities in the management of their health care services is taking root. Through training, follow-up and logistical support, PDCs have been effective in carrying out community needs assessments; formulating parish plans of action; establishing community-based management information systems; and initiating community action for development and community mobilization, particularly during national immunization days (NIDs). UNICEF, in collaboration with major health care partners, such as the Canadian International Development Agency (CIDA), the Danish International Development Agency (DANIDA), the Department for International Development (DfID) (United Kingdom) and the Swedish International Development Authority (SIDA), was instrumental in having issues affecting the health and welfare rights of children and women included in the "minimum essential health care package" of the Health Policy and Strategic Implementation Plan. UNICEF was a key player in discussions between the Government and partners about the introduction of the sector-wide approach (SWAP) to health care, and contributed to the identification of childhood immunization and malaria as priority interventions under the SWAP.

4. Since 1996, the UNICEF-assisted health programme has provided technical and financial assistance to the Ministry of Health and to districts for expanding the scope of the Integrated Management of Childhood Illnesses (IMCI) approach to 20 districts, with over 200 national facilitators and 1,750 health care workers trained in this method. An evaluation of the programme has indicated improvement in the quality of case management of childhood illnesses, particularly immunization, vitamin A supplementation, nutrition counselling, appropriate drug use and child referral. Since 1996, the health programme, in collaboration with DANIDA, DfID and the United States Agency for International Development (USAID), has also provided vaccines, cold-chain equipment, communication and other logistical support for NIDs. As a result, coverage of more than 90 per cent for oral polio vaccine has been achieved, and all children received vitamin A supplements during NIDs, which the health system has endeavoured to complement with a second dose during the year. In 1998/99, the health programme supported studies to determine the immediate and underlying causes of the decline in routine immunization coverage. Based on these studies, the Ministry of Health finalized a plan to revitalize expanded programme on immunization services. The revitalization plan, implemented since the beginning of 2000, aims at raising immunization rates to 88 per cent for all antigens. In its fight against iodine deficiency disorders, the health programme supported legislation against the importation of non-iodized salt and has provided technical and financial support for monitoring at borders and within districts. This has resulted in an increase in the percentage of households consuming iodized salt from nil in 1995 to 67 per cent in 1999.

5. In support of universal primary education, the country programme, in cooperation with CIDA, the Norwegian Agency for International Development (NORAD) and SIDA, established community-based

complementary basic education models in 10 districts. Under this programme, 120 Complementary Opportunities for Primary Education (COPE) centres were established, and 133 training workshops in innovative training methods were conducted for 60 COPE supervisors and 270 instructors. A curriculum and innovative teaching methods were developed to meet the needs of excluded groups, and over 14,000 instructors' guides and 200,000 pupils' books were printed and distributed. Another unique initiative addressed the educational needs of the semi-nomadic populations of Karamoja, where enrolment is less than 20 per cent, through the establishment of some 140 learning centres. The programme also provided regular assistance to children and communities in conflict-affected areas to enable them to realize their rights to basic education. In all processes, sustainable mechanisms were established for community participation and support in providing education for the most vulnerable.

6. In fighting AIDS, the country programme, together with a number of partners, including NORAD, SIDA and USAID, supported the formulation of policies to promote adolescent health and HIV/AIDS prevention among young people and an overall youth policy. It also provided technical and financial support to communication initiatives on HIV/AIDS and sexually transmitted infections (STIs) and to over 25 NGOs, youth groups and religious groups whose activities include HIV/AIDS prevention strategies and adolescent-friendly services (AFS). The adolescent-friendly health services programme was launched in five districts. Services include the provision of information on sexuality, growth and development; reproductive health care services; counselling; opportunities for recreation; and linkages to life skills education (LSE). LSE has been one of the main strategies to address HIV/AIDS and STIs among adolescents. The emphasis of LSE has been on psychosocial life skills for both in- and out-of-school adolescents. Technical and financial support was provided to NGOs and other institutions for incorporating LSE in their activities that target adolescents. The programme also made strides in bringing the programme on the prevention of mother-to-child transmission (MTCT) of HIV/AIDS on track. A draft policy is in place, a project document has been approved, the training of health care workers from two of the seven sites selected has been completed and the enrolment of pregnant women has been initiated. Furthermore, training guides for health care workers have been finalized and tools for data collection have been developed.

7. In the context of introducing a SWAP for the water sector, the water and environmental sanitation (WES) programme successfully collaborated with Cranfield University, DfID, the European Union, Irish Aid, RUWASA, WaterAid, the World Bank and the World Health Organization (WHO) in developing the Rural Water Sector Strategy Paper. WES also acted as a founding member of the Participatory Hygiene and Sanitation for Transformation Initiative, supported by the World Bank, WHO and UNICEF, and developed a concept paper on sanitation, which the Minister of Health described as "the most comprehensive statement on sanitation ever written in the country". On the basis of this paper, a cabinet memorandum was written and approved, and an environmental law has been drafted.

8. The most important achievement of the WES programme in this area was the signing of the Kampala Declaration on Sanitation by the Chairmen of the district councils, the Ministers of Health and Local Government, and the representatives of WHO and UNICEF, which has formed the basis of sanitation implementation since its signing. In 1998 and 1999, schools received support to construct latrine and hand-washing facilities. As a result, 3,204 five-stance latrines with hand-washing facilities (one half for girls and one half for boys) were built at 1,602 schools, and 1,460 local leaders have been mobilized to support school sanitation. In 2000, schools will receive increased support in the area of sanitation. Some 165 rainwater tanks were provided to schools that lack access to safe drinking water. These efforts have resulted in improved sanitation for at least 640,000 primary school children in 1999 alone.

9. During 1995-1999, with support from the programme, a total of 534 boreholes with hand-pumps were drilled; 4,320 springs were protected; 1,797 wells with hand-pumps were either dug or augured and 1,030 gravity-flow tap stands were commissioned, providing safe drinking water to more than 1,800,000 people; 7,680 water user committees were formed and trained; and 7,680 water point caretakers were trained. Efforts at eradicating guinea worm disease resulted in a decrease in the number of cases from 10,425 in 1994 to 321 in 1999. A reward system for reporting is now in place throughout the entire country, indicating that the eradication campaign has entered its final phase. At the

last two global conferences on guinea worm eradication, Uganda's programme was recognized as the most effective in Africa. The programme's success has prompted the Government to increase its 1998/99 investment in the sector by more than 500 per cent under the enhanced Heavily Indebted Poor Countries initiative, which will be activated in July 2000.

10. In response to the growing problem of child abductions, UNICEF introduced national and international advocacy efforts focusing on the children abducted by the Lord's Resistance Army. This campaign has attracted worldwide attention and has resulted in diplomatic responses by, among others, the Governments of Belgium, Denmark, Italy, Norway and the United States through such actions as the resolutions in the Human Rights Commission and the AIDS Control Programme of the European Union. The programme-supported district-based registration system, which includes data on more than 25,000 abducted people, has proven to be a powerful advocacy tool. The psychosocial approach, first introduced in Gulu, is a new type of intervention in Uganda. It has provided over 5,000 displaced children with counselling services and includes the training of community volunteers to support the long-term reintegration process of abducted children. The first purely community-based approach was introduced in Kitgum in 1998. It concentrates on the community as a whole, rather than simply on abducted children, and is seen as one of the best community-based psychosocial programmes.

11. In support of Uganda's poverty eradication effort and the Uganda National Programme of Action for Children, UNICEF supported the development of 34 District Action Plans for Children. These are particularly important in the absence of any previous guides for goal-setting or for the many capacity-building activities required for making district-level officials active agents of children's rights.

12. Inter-agency collaboration has been multifaceted. In response to emergencies, the United Nations Development Programme (UNDP), UNICEF, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) collaborated in carrying out joint surveys and in providing support and monitoring. UNICEF and UNDP collaborated in the preparation and implementation of the 20/20 study and in carrying out the Common Country Assessment (CCA) under the United Nations Development Assistance Framework (UNDAF). Within the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNICEF has been a strong advocate for the rights of children to support and care, and for pregnant and lactating HIV-positive women to make choices about breastfeeding and supplementary feeding. In the health sector, close collaboration is maintained with WHO and the United Nations Population Fund (UNFPA) in the area of AFS in particular. UNHCR is a close partner in the process of returning formerly abducted children from Sudan. Donor collaboration has been manifold, and UNICEF has sought to involve donors in programme development, implementation and monitoring. Donors have provided a solid financial base and have visited many of the programme sites where their funds have been spent.

Lessons learned from past cooperation

13. The lessons learned remain essentially the same as described in the country note presented to the Executive Board earlier this year.

Country programme preparation process

14. The planning exercise leading to the development of this country programme involved a careful assessment and analysis of the existing and ongoing planning implementation/monitoring process in Uganda. This included consideration of government structures, relevant United Nations and bilateral agencies and NGOs, annual planning and budgeting exercises, long-term national strategies and other plans, such as the Poverty Eradication Action Plan (PEAP), CCA/UNDAF and the World Bank Comprehensive Development Framework. The process benefited from discussions held in connection with the development of the SWAP for the health, education, and water and sanitation sectors. It was reviewed in relation to existing guidelines and adapted to ensure maximum linkage and integration.

Recommended programme cooperation, 2001-2005

Regular resources: $26,088,000

Other resources: $74,997,000

Recommended programme cooperation*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Rights to health and nutrition	6 070	22 600	28 670
HIV/AIDS and rights to self-protection	5 766	18 795	24 561
Child-friendly basic education and learning	3 035	15 000	18 035
Rights of children in armed conflict	2 115	6 000	8 115
School and community sanitation, hygiene and water	3 215	10 000	13 215
Cross-sectoral costs	5 887	2 602	8 489
Total	**26 088**	**74 997**	**101 085**

* The breakdown for estimated yearly expenditures is given in table 3.

15. Where possible, UNICEF programming procedures have been used to accelerate or strengthen indigenous and other donor programming efforts in support of children's and women's rights and needs. In this connection, a decision was taken by the United Nations country team to develop a CCA under the leadership of UNICEF Uganda as a first step in the preparation of the country programme of cooperation by United Nations agencies. Efforts were made to ensure that the process captured the views of families, communities, children and youths, as well as non-governmental institutions representing civil society (voluntary associations, the private sector, religious institutions, labour unions, professional associations and minority group organizations). Close cooperation was established with individuals, institutions and donors that promote rights-based approaches in development work. Among them were the United Nations Special Representative on children's rights to education; senior officials from DfID, NORAD and SIDA; and representatives of Harvard (United States) and Makerere (Uganda) universities who participated actively in the country programme strategy meeting and added value to the country programme preparation process. Throughout, representatives of the Government of Uganda participated in drafting groups, retreats and reviews. Recommendations from the Partnership on the Ground conference held in Stockholm in September 1999 were reflected in the preparation process. Finally, Executive Board comments on the country note clarified issues of concern related to cross-cutting costs in particular and aided in sharpening the focus of the country programme recommendation (CPR).

Country programme goals and objectives

16. Bearing in mind the UNICEF vision of realizing children's rights, as well as regional and global agendas and national priorities, the overall country programme goals are to: (a) reinforce the capacity of duty-bearers and enable them to respect, protect and realize the universal rights of the Ugandan child; (b) strengthen the capabilities of rights-holders to make claims and uphold their rights; (c) ensure the realization of the rights of the most disadvantaged and vulnerable girls and women to free them from all forms of discrimination; and (d) strengthen the capacity of communities to analyse, assess, set priorities, take action and monitor outcomes of interventions/actions at the local level.

17. In the context of the newly adopted SWAP, the commitment to the realization of children's rights is translated into the following specific national objectives: (a) reducing the infant mortality rate (IMR) from 97 per 1,000 live births to 68; (b) reducing the under-five mortality rate (U5MR) from 147 per 1,000 live births to 103; (c) reducing the maternal mortality rate (MMR) from 506 per 100,000 live births to 354; (d) reducing new HIV infections by 25 per cent and contributing to mitigating the effects of the epidemic; and (e) reducing moderate and severe stunting in children under three year olds from 38 to 28 per cent. Programme partners consider these specific objectives to be achievable within the time period of the 2001-2005 programme.

Relation to national and international priorities

18. The 2001-2005 programme responds to a vision of children in the twenty-first century in which their rights are respected, protected and realized. The movement towards these new norms will only emanate from operational strategies that pay greater attention to the fundamental and structural causes of people's plight and intergenerational poverty. In accordance with Uganda's decentralized system, the PEAP, which provides a framework for the development of detailed sector plans and investment programmes, will serve as a basis for future collaboration between UNICEF and the Government of Uganda. The country programme will support national development goals and contribute to poverty reduction as described in the PEAP, the 2025 Vision document, and, through its individual programmes, will apply regional and global strategies and commitments to children by promoting children's rights to survival, development, protection and participation. Through the involvement of children and adolescents, the country programme will promote Uganda's active participation in the Global Movement for Children at all levels.

Programme strategy

19. The new strategy, based on a rights-based approach, automatically implies that there is a need to recognize/respect, promote, protect and realize the rights of the mother to safe delivery and the child to survival, growth and development. The duty-bearers at national, district, subcounty, parish, community and household levels must ensure the realization of the rights of the mother and child. In the past, programmes have often been formulated without paying proper attention to the strategic roles of various actors or their capacities to act. In a rights-based approach to programming, these considerations are paramount. In order for people to act on their responsibilities or to fulfil their duties towards the realization of rights, the gaps in their capacities must be fully understood and addressed.

20. Three strategies will guide the 2001-2005 country programme and support the rights-based approach to programming: (a) advocacy and social mobilization; (b) capacity-building; and (c) service delivery. Activities within these categories will be designed and implemented in such a way that the decision-making process at all levels of society improves. Effective implementation of the rights-based approach to programming will require the integration of these strategies, which will be supported by a strong communication approach to transform attitudes, behaviours and practices relevant to children and women at all levels and to create the conditions for a rights-conscious society.

21. Advocacy and social mobilization will be the foundation of the entire programme so that children's rights are fully understood and acted upon. The rationale behind this strategy is to influence values, attitudes, behaviours and practices of all members of society. Advocacy, in particular, will also stimulate political will and build alliances that will, in turn, create the enabling policy, legal and public-opinion environment that will ensure the allocation of resources in support of the realization of children's rights.

22. As a critical element in the process of protecting and realizing the rights of individuals and communities, capacity-building will be used to ensure that district and subcounty authorities have the technical ability and human and financial resources to meet parish and village council demands related to the realization of children's rights. District leaders, civil society organizations and communities themselves need to be able to initiate, plan, implement, monitor and sustain action for children and to deal meaningfully with Uganda's range of contrasts. More than 50,000 local council leaders, supported by extension workers at district, subcounty and parish levels, will be trained as mobilizers to promote

community capacity-building efforts. Through participation, parents, caregivers and duty-bearers can be empowered to claim and uphold their rights. Under such a strategy, individuals can become sufficiently informed, motivated and mobilized to create a demand for resources, skills and services. Empowerment through household/community capacity-building will help widen community members' range of choices in facilitating their own survival, development and participation. Renewed emphasis will be placed on building capacity for emergency preparedness and responsiveness, rather than cure or rehabilitation.

23. Service delivery in participatory and empowering ways is an important tool for realizing rights. This strategy will focus on guaranteeing universal access to basic social services, without discrimination. This will require strengthening institutions so that they may reach all sectors of society and geographic areas, many of which have been, until now, excluded from certain services. It will also be necessary to continue to improve monitoring and evaluation systems. Guaranteeing sustainable access to basic services is no longer only an objective in itself, but also a means for guaranteeing rights.

24. The *rights to health and nutrition* programme is designed to support the realization of children's and women's rights to survival, health and development, with the full participation of rights-holders and the active support of duty-bearers at all levels. Through the SWAP, programme interventions will support the National Health Policy and Health Sector Strategic Plan goals of reducing infant, under-five and maternal mortality, and HIV infections, as mentioned in paragraph 17 above.

25. Despite the leading role that the health sector has played in the decentralization process, capacities at district and subcounty levels are still inadequate to cope fully with their responsibilities and to actively engage communities in service delivery. As a result, communities have become increasingly passive recipients of health care services. Therefore, the challenge to the health sector is to move from this paradigm of health as a "charity" to "rights to health" through massive community mobilization by providing people with adequate information and education to uphold their rights.

26. The programme integrates child health, women's health, community-based malaria prevention and control, and nutrition into a comprehensive package. More specifically, efforts will be directed at working with communities to reduce the high morbidity and mortality from malaria and other communicable diseases, revitalize immunization activities, improve the nutritional status of children, and realize women's rights to a self-determined and violence-free sexual and reproductive life. At the household level, with full involvement of the local council as mobilizer, the health service package will include information on sexual and reproductive health (SRH) and rights, registration and monitoring of pregnant women and newborns, safe delivery, disease surveillance and revitalization of local mobilization for immunization programmes.

27. Special attention will be paid to reaching the hard-to-reach poor in rural and peri-urban areas. Major government partners in these efforts will be the relevant line ministries (Health, Education and Local Government), districts and subcounties. Among the United Nations and bilateral agencies, the programme will collaborate with DfID, NORAD, SIDA, UNFPA, USAID and WHO. The World Bank-funded Nutrition and Early Childhood Development Project also presents a good opportunity for collaboration in advancing child health, nutrition and cognitive development. Main types of supplies to be provided by UNICEF include vaccines, syringes, insecticide-treated materials and malaria drugs for children under five years old and pregnant women.

28. Key result areas for this programme include: awareness and political commitment at national and district levels to plan for and allocate resources to the realization of women's rights to SRH; quality SRH services for women of reproductive age (15-49 years old) in at least 50 per cent of health care facilities and in all outreach centres in selected districts; community-based referral systems for emergency obstetric care in 10 priority districts; training of all PDCs and local council executives in the promotion of SRH and rights; and empowering women to claim and uphold their rights to SRH. The child health and nutrition component aims to achieve the following: improved (preventative) care for children under five years of age; high political commitment at national and district levels on issues related to children's rights to nutrition, adequate feeding and parental care; increased immunization coverage among children under one year

old from 44 to 80 per cent; and reduction in morbidity and mortality from communicable diseases.

29. The programme will initiate sustainable action to strengthen health care systems to ensure that by the year 2005: at least 60 per cent of those suffering from malaria have prompt access to and are able to correctly use affordable and appropriate treatment within 24 hours of the onset of symptoms; at least 60 per cent of those at risk of malaria, particularly children under five years of age and pregnant women, benefit from the most suitable combination of personal and community protective measures, such as insecticide-treated material; at least 60 per cent of all pregnant women who are at risk of malaria, especially those experiencing their first pregnancies, have access to chemo-prophylaxis or presumptive intermittent treatment.

30. Programme resources will be invested in the demand/supply interface at the community level in alliance with NGOs and community-based organizations. Through this positioning, the programme will provide valuable feedback on the relevance and effectiveness of service delivery and will make visible those rights that are not realized. It will be able to maximize its contribution as bridge and broker, with links beyond the health care delivery system, building the model of best practices, filling the gap between delivery and demand/use and strengthening national capacity for identifying children's and women's rights that are not realized.

31. In close coordination with the member organizations of UNAIDS, the *HIV/AIDS and rights to self-protection* programme is designed to support the national goal of further reducing HIV infections by 25 per cent and of realizing the rights of individuals affected by AIDS by reducing the prevalence of HIV/AIDS and pregnancy in adolescents; reducing MTCT; and increasing the meaningful participation of children affected and orphaned by AIDS in programme planning, implementation and monitoring. This will require psychosocial LSE and increased access to locally-based, comprehensive AFS, including voluntary and confidential testing and counselling for HIV/AIDS/STIs, and sexual and other forms of abuse and exploitation.

32. Through AFS, peer education groups and COPE, the programme will also equip adolescents with life skills to make informed and healthy choices regarding their sexuality and reproductive life and assist the Government in scaling up pilot programmes in the prevention of MTCT of HIV. At the same, it will promote the overall sexual and reproductive rights of women and create a supportive environment for HIV-positive women in families and communities. It will be closely linked to the women's rights to SRH component. It will also address the rights of children affected or infected by AIDS (including children orphaned by AIDS) by supporting the development of an orphan policy and systematic community-based action programmes that capitalize on lessons learned in the Eastern and Southern Africa region and best practices in orphan care and support. The programme will seek, among others, close collaboration with UNFPA, USAID, the Governments of Austria and France, NORAD, SIDA, DfID and CIDA.

33. The *child-friendly basic education and learning* programme will work within the framework of universal primary education and SWAP in the most disadvantaged districts to promote girls' education to increase national net enrolment from 83 to 95 per cent; ensure access to quality education for 75 per cent of excluded and unreached children, as well as those in conflict-affected areas; and ensure that at least 60 per cent of 0- to 8-year-old girls and boys receive optimal care for growth and development. Three closely linked approaches will be implemented: early childhood care and development (ECCD); promotion of girls' education; and complementary basic education for disadvantaged groups. With over 90 per cent of children enrolled in primary school, it is vital to focus on the quality and relevance of basic education, and on providing optimal opportunities for pre-school-age children to psychosocial, family care and cognitive development. Under this programme, collaboration will be established with CIDA, DfID, NORAD, the Government of Norway, USAID and the World Bank.

34. The ECCD component will complement efforts of many actors in the areas of education, health, nutrition, and water and sanitation by working with duty-bearers at selected family, community, district and national levels to promote integrated, multisectoral and holistic approaches and policies that are cognizant of the child's rights to survival, protection and optimal development. The capacity of duty-bearers will be enhanced at all levels to foster early cognitive stimulation, adequate nutrition and development, recognition of disabilities, referral and model-building

for rotational care systems; and facilitation of access to integrated social services. Special attention will be paid to children and households affected by HIV/AIDS, including girls and boys living in foster families and child-headed households, to ensure their participation in problem identification and programme implementation. Activities will be community-based, and community-selected child attendants will assist in coordinating activities, training families and creating favourable learning environments. About 25,000 children and families will be reached, in addition to 2,500 village mobilizers, and 2,500 child monitors will be trained to monitor the situation of disadvantaged girls and boys.

35. The *promoting girls' education and quality* component will focus on reducing gender inequalities in education through the promotion of child-friendly school environments. Particular attention will be paid to: increasing family and community involvement in school management; reducing sexual harassment, school pregnancy and girl marriages; adapting curricula to incorporate life skills and gender-sensitive teaching methods; and changing attitudes towards achievements in science and mathematics. This will be achieved through community capacity-building, empowerment of girls, peer education and local teacher training. Linkages will be established with the school sanitation, hygiene and water and the adolescents rights to self-protection and friendly services components.

36. The complementary basic education component aims to realize the rights of disadvantaged children, including child labourers, children in conflict-affected areas, and geographically and culturally excluded children to basic education in selected districts through the reinforcement of community action for education for all; promotion of child-friendly education; and reinforcement of duty-bearers' capacity at all levels to ensure the quality, relevance and gender sensitivity of schooling methods. Models will be tested in selected districts covering 20,000 children and promoted among donors and other partners for scaling up.

37. The *school and community sanitation, hygiene and water* programme aims, in selected districts, to realize and protect, through the SWAP, the rights of girls, boys and women to improved sanitation, hygiene and clean water. The programme will focus on the introduction of improved sanitation and water facilities at primary schools to support the enrolment and retention of girls in schools, and on community-based management of water, sanitation and hygiene. The approach will involve a large-scale social mobilization campaign emphasizing that access to clean water and improved sanitation is a right. Community action plans will be developed by village councils and primary schools through participatory processes involving children, adolescents and women. Plans will be prioritized and compiled into sector plans at the subcounty, district and national levels.

38. The school sanitation, hygiene and water component will specifically address the problem of the high number of girl drop-outs and will focus on a life skills approach to learning, combined with the provision of physical structures to reduce absenteeism and improve the quality of education. Some 15,000 latrines, 3,000 hand-washing facilities and 500 safe drinking water sources for primary schools will be constructed. Teachers will be trained to develop and implement (with the participation of children) a school sanitation and hygiene plan, and children and adolescents will participate in monitoring the sanitation, hygiene and water situation in their schools and villages. Sanitation inspection will be incorporated into the school inspection system. Close collaboration will be sought with all major partners in this area, particularly with DfID, USAID and the World Bank.

39. The community water, sanitation and hygiene component will address the problems of high morbidity and mortality stemming from water- and sanitation-related diseases at household and community levels. The ability of communities to assess and analyse their situations, resulting in community action plans, will be strengthened to enhance community-based management of the water and sanitation sector. This community management system will then feed the national information and planning systems, resulting in the implementation of the Kampala Declaration for Sanitation. Strengthening the already existing community-based maintenance system within the context of overall management will result in at least 90 per cent of all water and sanitation facilities being functional at any given time. Through the reward system, the programme will interrupt the remaining transmission of guinea worm and will proceed with the certification of eradication. Close collaboration will be sought with all major partners in this area, particularly with DANIDA, DfID, SIDA, the Ministry of Health and the Ministry of Water, Land and Environment.

40. The *rights of children in armed conflict* programme will focus on the 13 districts most affected by armed conflict. Support will be provided for the establishment of community-based psychosocial activities; tracing, reunification and reintegration of children into their communities; access by children, adolescents and women to basic social services and AFS; and by displaced children of primary school-age to basic education, through close collaboration with the child-friendly education and learning programme; community conflict prevention, self-protection and response measures; strengthening of systems for the legal protection of children and women during conflicts; and community-based measures to protect children and women from sexual and physical abuse and HIV/AIDS.

41. The programme will create an environment conducive to service delivery and psychosocial recovery by strengthening district emergency planning and coordination; supporting a district registration database on abducted children; and supporting community-based reconciliation and peace-building activities with both in- and out-of-school children using life skills tools. District officers will assist communities in developing self-protection skills through an assessment of the pattern of attacks, landmine identification and simulated response tactics. The programme will work with State military organs to ensure that the forces treat children in accordance with the Convention on the Rights of the Child. The programme will also support national and international advocacy and participate in global campaigns against landmines and child soldiers.

42. Key result areas include: the ability of all 13 conflict-affected districts to provide psychosocial support to their community members; the development of an operational mechanism in all subcounties to apply the laws to protect children from abuse and exploitation; the ability of communities to operate their own avoidance methods to protect themselves from rebel attack; the provision of adequate basic services (including water, sanitation, basic education and health care) to all internally displaced villages.

43. The programme will work in partnership with the Ministries of Health, Justice, and Gender, Labour and Social Development; the Office of Water Development and Disaster Preparedness; and district authorities; and in close collaboration with Save the Children Alliance, UNHCR, WFP and other NGOs to develop community-based psychosocial initiatives and legal protection and to maintain basic social services. The programme will also work closely with the Governments of European Union member countries, Canada and the United States; parents groups; the Save the Children Alliance; the Special Representative (on Children and Armed Conflict) to the Secretary-General; and UNDP and the Office of the United Nations High Commissioner for Human Rights to carry out the international and national advocacy to stop the abduction of children.

Monitoring and evaluation

44. An Integrated Monitoring and Evaluation Plan (IMEP) has been developed for the country programme to improve the quality and efficiency of reporting key indicators on child survival, development, protection and participation, and find ways to consolidate and share information from various existing monitoring systems. The aim is to continuously assess the impact of programmes on the realization of children's and women's rights. Monitoring of social indicators by individuals, families and communities can be used for their own empowerment.

45. Country programme progress shall be monitored quarterly at all levels through joint field monitoring with the Government and partners. Financial and supply monitoring will be enhanced and take place on a quarterly basis. Monitoring guidelines for country programme support to district and lower councils, based on programme and project indicators, will be developed at a very early stage of programme implementation. Routine country programme monitoring exercises have been incorporated into the IMEP, with clearly defined indicators for programme progress monitoring. The plan prescribes the frequency of various different monitoring exercises at each level of programme implementation and identifies the responsible actors for each respective exercise. It will be used to promote accountability at all levels and will be updated as part of the annual planning exercise. In addition to annual reviews, a mid-term review and evaluation of the country programme will take place in 2003.

46. An immunization coverage survey will also be conducted in 2003 to assess the impact of the immunization revitalization plan, while end-of-programme-cycle evaluations are planned for the MTCT component of the HIV/AIDS and rights to self-

protection programme. There will also be an external evaluation of the COPE/Alternative Basic Education in Karamoja programme component of the child-friendly basic education and learning programme in 2005. An external evaluation of IMCI is also planned during the last year of the country programme cycle.

Collaboration with partners

47. The preparation of the CCA and UNDAF reinforced collaboration between UNICEF and other United Nations agencies, particularly UNAIDS and members of the United Nations Development Group. UNICEF participates in several sectoral and thematic groups, chairs the United Nations country theme group on HIV/AIDS and, along with USAID, co-leads the donor social sector subgroup. Through strategic partnerships with others, UNICEF Uganda will work to convince the civil society at large that investing in children's well-being and protecting their rights is the surest way to regain momentum for human development, build cohesive societies and make a quantum leap towards positive social change. This will entail rallying Governments and people, including the mass media, the private sector, NGOs and community-based organizations, and harnessing the fresh ideas and largely untapped energy of young people, especially adolescents.

48. Through advocacy and efforts to build strong partnerships for social action, UNICEF can help to create a widely-shared sense of public accountability for the well-being of children and the realization of their rights, and contribute to the acceptance and involvement of children and adolescents in the development of the society. Continuous partnership will be sought with DfID, NORAD, SIDA, USAID, the Governments of Austria, Australia, Belgium, the Netherlands, France, Germany and Italy, and others in support of specific programme components. Collaboration with donors also provides opportunities for advocacy in favour of children's and women's rights and for technical cooperation, which can benefit the country programme in enhancing the quality of interventions.

Programme management

49. Under the overall coordination of the Ministry of Finance, Planning and Economic Development, a national Country Programme Management Team (CPMT) will provide overall guidance for the programme; provide advice on the development of national legislation and policies that affect programme progress and organization; ensure financial allocations from the central Government and UNICEF according to commitments; review issues pertaining to cash assistance to Government and supply issues; review overall progress of the programme; develop a fund-raising strategy; and promote children's and women's rights in all national forums and the media. This CPMT will differ from the existing one in that it will be strengthened through the inclusion of district representatives. The country programme will work closely with national-level ministries and institutions to enhance their capacities as duty-bearers to fulfil their obligations towards realizing children's and women's rights as enshrined in the Convention on the Rights of the Child as well as the Convention on the Elimination of All Forms of Discrimination against Women, recognizing that women's rights have a direct influence on children's rights.

50. At the district level, the coordinating body of the country programme will be the District Implementation Team (DIT), comprised of the Chief Administrative Officer, the District Planning Officer and heads of the social sector departments involved in the programme. The country programme will also support the creation of PDCs, supervised by extension staff and monitored by DITs, and will identify duty-bearers who have the authority to act to promote behaviour change in favour of children's and women rights, as well as community resource persons who can function as mobilizers at the village level for actions that respect, promote and protect the rights of children and women.

51. In 26 selected districts, the programme will promote improved coordination among district officials so that services converge at the community level. Training facilitators and community-based mobilizers will build the capabilities of communities to assess problems, analyse causes, design relevant actions and undertake monitoring. Facilitators will be chosen among district and subcounty extension workers and NGO staff, and mobilizers will be members of parish and village council organizations and other respected people in the community.

52. In order to effectively support the district-based approach, the UNICEF office structure will be also be changed. The office Professional staff will be

organized into four regional teams, each supporting districts in each of the four administrative regions in the country. It is estimated that project officers responsible for district support will spend around 70 per cent of their time in the districts to support planning, implementation and monitoring of country programme activities. These officers will continue to be based in Kampala; no field offices will be established in addition to the one already existing in Gulu, in light of the costs of staffing and managing them. To ensure the continued high quality of UNICEF-supported plans and activities, a team of senior technical staff will oversee the design of programmes, and participate in planning and monitoring activities in the districts as well as in central-level discussions with policy makers and donors within the sectors and SWAPs.

53. The programme will ensure that more than 80 per cent of its resources will be allocated to, and used effectively in, the districts, and especially at lower administrative levels, to enhance the realization of children's and women's rights at these levels. To this end, UNICEF will continue to work with the Government to strengthen accountability mechanisms by reinforcing the capacity to disburse and account for funds at the district and lower administrative levels. Of the total resources, 20 per cent will remain at the national level for advocacy, policy development and support to national events and other activities that will create an environment conducive to enhancing the realization of the Convention on the Rights of the Child in Uganda.

54. Regular resources will be used strategically to develop policies, legislation, models and strategies; to fund core activities that are critical for programme success; to ensure technical competence and high quality programmes; and for monitoring and evaluation.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Uganda	(1998 and earlier years)		UNICEF country classification
Under-five mortality rate	134	(1998)	High U5MR
Infant mortality rate	84	(1998)	High IMR
GNP per capita	$ 310	(1998)	Low GNP
Total population	20.6 million	(1998)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1998
Births	(thousands)	483	653	833	1054
Infant deaths (under 1)	(thousands)	53	71	83	89
Under-five deaths	(thousands)	89	118	137	141
Under-five mortality rate (per 1,000 live births)		185	180	165	134
Infant mortality rate (under 1) (per 1,000 live births)		110	108	100	84

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1988-89/1995)	Moderate & severe	23*	26**
	Severe	4*	7**
Babies with low birth weight (%, 1995)		..	13
Primary school children reaching grade 5 (%, 1980/1991)		79	55

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1989/1995)	70	70
Timely complementary feeding rate (6-9 mos.) (%, 1989/1995)	67	64
Continued breast-feeding rate (20-23 mos.) (%, 1989/1995)	39	40
Prevalence of wasting (0-59 mos.) (%, 1988-89/1995)	2*	5**
Prevalence of stunting (0-59 mos.) (%, 1988-89/1995)	45*	38**
Vitamin A supplementation coverage (6-59 mons.) (%, 1998)	..	95
Household consuming iodized salt (%, 1995)	..	69

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1995)		..	49
Routine EPI vaccines financed by government (%, 1998)		..	50
Access to safe water (% of population, 1980/1995)	Total	20	48
	Urban/rural	37 / 18	77 / 43
Access to adequate sanitation (% of population, 1980/1995)	Total	30	80
	Urban/rural	32 / 30	96 / 77
Births attended by trained personnel (%, 1989/1995)		38	38
Maternal mortality rate (per 100,000 live births, 1980-1998)		..	510

Immunization		1981	1985	1990	1998
One-year-old (%) immunized against:	Tuberculosis	18	37	99	69
	DPT	9	14	77	46
	Polio	8	13	77	47
	Measles	22	17	74	30
Pregnant women (%) immunized against:	Tetanus	20	20	31	38

* Aged (0-60 months), excludes nine districts.

** Aged (0-47 months).

TABLE 1 (continued)

Uganda

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1997a/)	Total	50 / ..	125 / 87
	Male	56 / ..	137 / 92
	Female	43 / ..	112 / 83
Secondary enrolment ratio (gross/net) (%, 1980/1995)	Total	5 / ..	12 / ..
	Male	7 / ..	15 / ..
	Female	3 / ..	9 / ..
Adult literacy rate, 15 years & older (%, 1985/1998a/)	Total	51	62
	Male/female	65 / 37	.. / 48
Radio/television sets (per 1,000 population, 1985/1997)		85 / 6	130 / 16

DEMOGRAPHIC INDICATORS		1970	1980	1990	1998	2000
Total population	(thousands)	9806	13120	16457	20554	21778
Population aged 0-18 years	(thousands)	5245	7120	9045	11668	12406
Population aged 0-5 years	(thousands)	1913	2596	3237	4215	4483
Urban population (% of total)		8.0	9.0	11.0	13.7	14.0
Life expectancy at birth (years)	Total	46	47	39	40	42
	Male	45	45	38	39	41
	Female	48	48	40	41	43
Total fertility rate		6.9	7.0	7.1	7.1	6.9
Crude birth rate (per 1,000 population)		50	50	50	51	50
Crude death rate (per 1,000 population)		19	18	23	21	19

		About 1980	Most recent
Contraceptive prevalence rate (%, 1989/1995)		5	15
Population annual growth rate (%,1970-1990/1990-1998)	Total	2.6	2.8
	Urban	4.2	5.0

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1990-1998)		-2.2	4.3
Inflation rate (%, 1990-1998)		..	15
Population below $1 a day (%, 1992)		..	37
Household income share (%, 1992)	Top 20%/bottom 40%	.. / ..	48 / 17
Government expenditure (% of total expenditure, 1986)	Health/education	2 / 15	.. / ..
	Defense	26	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	.. / ..
Official development assistance: (1981/1997)	$US millions	136	471
	As % of GNP	..	5
Debt service (% of goods and services exports(1982/1997)		12	15

a/ EFA 2000 database.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1995-2000 a/

COUNTRY: UGANDA
LATEST BOARD APPROVAL: 1995
GENERAL RESOURCES: $32,600,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
									Actual	Planned	Actual	Planned	Actual	Planned
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR						
Health	2,037	13,841	458	1,615	1,239	1,487	2,080	8,819	5,814	8,000	25,762	26,400	31,576	34,400
Water supply and environmental sanitation	563	5,794	780	264	898	1,408	1,350	9,892	3,591	6,400	17,358	21,000	20,949	27,400
Basic education, child care and adolescent development	788	2,573	171	493	901	1,225	2,435	7,201	4,295	6,500	11,492	21,000	15,787	27,500
Coordination, communication and advocacy	561	459	664	604	926	753	1,865	1,699	4,016	4,700	3,515	7,500	7,531	12,200
Programme support	526	9	235		3,690	43	2,099	1,277	6,550	7,000	1,329	1,500	7,879	8,500
GRAND TOTAL	4,475	22,676	2,308	2,976	7,654	4,916	9,829	28,888	24,266	32,600	59,456	77,400	83,722	110,000

RR = Regular resources.
OR = Other resources.
a/ Actual expenditure includes expenditure recorded as of 31 May 2000.
b/ Actual GR expenditure includes allocations from global funds.

TABLE 1

PLANNED YEARLY EXPENDITURES

COUNTRY: UGANDA
PROGRAMME CYCLE : 2001-2005

	FUND	2001	2002	2003	2004	2005	TOTAL
CHILD-FRIENDLY BASIC ED. & LEARN.	RR	607,000	607,000	607,000	607,000	607,000	3,035,000
	FOR						
	NOR	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000
	TOTAL	3,607,000	3,607,000	3,607,000	3,607,000	3,607,000	18,035,000
HIV/AIDS & RIGHTS TO SELF-PROTECT.	RR	1,233,000	1,258,000	1,173,000	1,102,000	1,000,000	5,766,000
	FOR						
	NOR	3,870,000	3,865,000	3,860,000	3,654,000	3,546,000	18,795,000
	TOTAL	5,103,000	5,123,000	5,033,000	4,756,000	4,546,000	24,561,000
RIGHTS TO HEALTH & NUTRITION	RR	1,214,000	1,214,000	1,214,000	1,214,000	1,214,000	6,070,000
	FOR						
	NOR	4,600,000	4,600,000	4,600,000	4,400,000	4,400,000	22,600,000
	TOTAL	5,814,000	5,814,000	5,814,000	5,614,000	5,614,000	28,670,000
SCHOOL & COM. SANIT., HYG. WATER	RR	643,000	643,000	643,000	643,000	643,000	3,215,000
	FOR						
	NOR	2,000,000	2,100,000	2,100,000	1,900,000	1,900,000	10,000,000
	TOTAL	2,643,000	2,743,000	2,743,000	2,543,000	2,543,000	13,215,000
RIGHTS OF CHILD. IN ARMED CONFLICT	RR	422,953	422,953	422,953	422,953	422,953	2,114,765
	FOR						
	NOR	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	6,000,000
	TOTAL	1,622,953	1,622,953	1,622,953	1,622,953	1,622,953	8,114,765
CROSS-SECTORAL COSTS	RR	1,074,047	1,055,047	1,152,047	1,252,047	1,354,047	5,887,235
	FOR						
	NOR	515,000	517,000	520,000	523,000	527,000	2,602,000
	TOTAL	1,589,047	1,572,047	1,672,047	1,775,047	1,881,047	8,489,235
TOTAL, PROGRAMME BUDGET	RR	5,194,000	5,200,000	5,212,000	5,241,000	5,241,000	26,088,000
	FOR						
	NOR	15,185,000	15,282,000	15,280,000	14,677,000	14,573,000	74,997,000
	TOTAL	20,379,000	20,482,000	20,492,000	19,918,000	19,814,000	101,085,000
STAFF COSTS a/		709,591	973,713	1,037,857	1,106,095	1,177,433	5,094,689
GENERAL OPERATING COSTS		521,243	781,130	791,193	768,615	810,165	3,672,346
TOTAL, ESTIMATE SUPPORT BUDGET		1,230,834	1,754,843	1,829,050	1,874,710	1,987,598	8,767,035
GRAND TOTAL		21,609,834	22,236,843	22,321,040	21,792,710	21,801,598	109,852,035

RR = regular resources
FOR = funded other resources
NOR = new other resources

a/ Including consultants and temporary assistance.

TABLE 4

COUNTRY : UGANDA
PROGRAMME : 2001-2005

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	RR	FOR	NOR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																	
CHILD-FRIENDLY BASIC ED. & LEARN.	3,035,000			3,035,000	0	0	0	0	0	0	0	1	0	1	0	297,743	297,743
HIV/AIDS & RIGHTS TO SELF-PROTECT.	5,766,000			5,766,000	0	0	0	1	0	0	1	0	2	3	820,391	203,144	1,023,535
RIGHTS TO HEALTH & NUTRITION	6,070,000			6,070,000	0	0	1	0	0	0	1	0	1	2	873,701	101,572	975,273
SCHOOL & COM. SANIT., HYG. WATER	3,215,000			3,215,000	0	0	1	0	0	0	1	0	1	2	873,701	147,367	1,021,069
RIGHTS OF CHILD IN ARMED CONFLICT	2,114,765			2,114,765	0	0	0	0	0	0	0	1	1	2	0	395,485	395,485
CROSS-SECTORAL COSTS	5,887,235			5,887,235	0	0	0	2	1	0	3	2	26	31	2,384,302	2,695,965	5,080,267
TOTAL RR	26,088,000			26,088,000	0	0	2	3	1	0	6	4	31	41	4,922,095	3,841,276	8,763,371
OTHER RESOURCES :																	
CHILD-FRIENDLY BASIC ED. & LEARN		0	15,000,000	15,000,000	0	0	0	1	0	0	1	5	3	9	820,391	1,385,142	2,205,533
HIV/AIDS & RIGHTS TO SELF-PROTECT.		0	18,795,000	18,795,000	0	0	1	0	0	0	1	3	1	5	873,701	829,976	1,703,677
RIGHTS TO HEALTH & NUTRITION		0	22,600,000	22,600,000	0	0	0	1	1	0	2	4	1	7	1,624,601	1,127,719	2,752,400
SCHOOL & COM. SANIT., HYG. WATER		0	10,000,000	10,000,000	0	0	0	0	0	0	0	3	2	5	0	893,930	893,930
RIGHTS OF CHILD IN ARMED CONFLICT		0	6,000,000	6,000,000	0	0	0	0	0	0	0	0	1	1	0	101,572	101,572
CROSS-SECTORAL COSTS		0	2,602,000	2,602,000	0	0	0	0	1	0	1	4	2	7	604,290	1,012,084	1,616,374
TOTAL OR		0	74,997,000	74,997,000	0	0	1	2	2	0	5	19	10	34	3,723,063	5,350,423	9,073,486
TOTAL RR & OR	26,088,000	0	74,997,000	101,085,000	0	0	3	5	3	0	11	23	41	75	8,645,158	9,191,699	17,836,857
SUPPORT BUDGET			Operating costs	3,672,316													
			Staffing		0	1	2	0	2	0	5	1	10	16	3,761,281	1,294,858	5,056,839
GRAND TOTAL (RR + OR + SB)					0	1	5	5	5	0	16	24	51	91	12,406,439	10,486,257	22,892,696
Number of posts and staff costs:																	
Current programme cycle											14	20	54	88			
At the end of proposed programme cycle (indicative only)											16	24	51	91	12,406,439	10,486,257	22,892,696

RR = regular resources
OR = other resources
FOR = funded other resources
NOR = new other resources
IP = International Professional
NP = national Professional
GS = General Service
SB = support budget

a/ Each post, regardless of its funding source, supports the country programme at a whole
b/ Excludes temporary assistance and overtime